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WATER WELL REPORT

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STATE OF WASHINGTON

Start Card No. W073067

UNIQUE WELL I.D. #

Water Right Permit No. 32-2E-35E(1) OWNER: Name Darryl Jones Address 691 West 225 North Comano Is.(2) LOCATION OF WELL: County Island SW 1/4 NW 1/4 Sec 35 T. 32 N. R. 2E W.M.(2a) STREET ADDRESS OF WELL (or nearest address) 691 West 225 North Comano Is wa.(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater(4) TYPE OF WORK: Owner's number of well (if more than one) _____
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☒ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 343 feet. Depth of completed well 330 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from _____ ft. to _____ ft.
Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☐ No ☒

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.Material used in seal BentoniteDid any strata contain unusable water? Yes ☐ No ☒

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

(7) PUMP: Manufacturer's Name unknown H.P. _____
Type: _____(8) WATER LEVELS: Land-surface elevation _____ ft.
Static level 280 ft. below top of well Date 7-30-97
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" " " " " "
" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

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(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Dirt & Gravel	0	2
Hard Pan	2	64
Brown Dry Sand & Gravel with Boulders	64	328
Grey sand & Gravel	328	331
Sitty Sand	331	343
Underreamer Lost in Hole Pulled Back to try and go around it Found the 59pm.		
I certify that this well meets State & County Codes		
Don Sts 1692		

Work Started 7-22, 19. Completed 7-30, 19 97

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Stein well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address 620 N Wiborg Ct. Comano Is(Signed) Don Sts License No. 1692
(WELL DRILLER)Contractor's
Registration
No. Stein W D ASSCQ Date 7-26-, 19 97

(USE ADDITIONAL SHEETS IF NECESSARY)

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